Strathcona REGIONAL DISTRICT

990 Cedar Street, Campbell River, BC, V9W 7Z8

STAFF EXPENSE CLAIM FORM
USW STAFF

NAME: Kiersten McLeod **DATE:** 11/19/2025

ADDRESS: [redacted]

PURPOSE OF CLAIM: Required BLS recertification for CSEP-CEP

Date	Description of Expense (include "from" & "to" for km's traveled)	Expenses $ Amount	Kilometers Traveled Paved	Unpaved
11/19/2025	BLS Recertification course fee	57.75		
11/19/2025	~~Gas~~	~~75~~ KM		
11/19/2025	Mileage - Strathcona Gardens to Alert First Aid Nanaimo		154	
		KM		
FORMULAS - PLEASE LEAVE AS IS	SUB-TOTAL	$ ~~57.75~~ ~~132.75~~	154	0
	RATE/KM	n/a	$ 0.72	$ 0.84
	TOTAL CLAIM	$ ~~132.75~~	$ 110.88	$ 0.00
		(a) 57.75 KM	(b)	(c)

TOTAL EXPENSES (a+b+c)	$ ~~243.63~~	168.63 KM
Less Advance Acct 01-3-000-649	$	
NET CLAIM	$ ~~243.63~~	168.63 KM

REFER TO STAFF TRAVEL POLICY FOR TRAVEL CLAIM EXPECTATIONS

1. **Commercial Accommodation => Actual Cost @ Gov't Rates**
2. **Non-Commercial Accommodations => $35/night**
3. **Per Diem & Meal Allowance => $75/day**
   Rate Breakdown:
   - Breakfast -> $15
   - Lunch -> $20
   - Dinner -> $25
   - Incidentals -> $15 (for trips in excess of 24 hrs only)
4. **All other expenses => Actual Cost**

"I hereby request reimbursement of these expenses and certify that they were incurred as a result of travel on Strathcona Regional District business and that I will not be reimbursed for them by any other party."

K M'Leod
SIGNATURE OF PERSON MAKING CLAIM

Nov 19/25
DATE

Approved for Payment	Account No.	Vendor No.
[signature] NOV 20, 2025	01-2-640-319	